

07/02/01

07-03-01

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Attorney Docket No.	555255012249
First Inventor	Maguire
Title	Extendable Software Interface For A Mobile Device
Express Mail Label No.	EL711875211US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.
3. <input checked="" type="checkbox"/>	Specification [Total Pages (preferred arrangement set forth below)] <b>31</b> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) [ Total Sheets <b>9</b> ] <b>1</b>
5. Oath or Declaration	[ Total Pages ] <b>1</b>
a. <input type="checkbox"/>	Newly executed (original or copy)
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)
i. <input type="checkbox"/>	<b><u>DELETION OF INVENTOR(S)</u></b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

a.  Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i.  CD-ROM or CD-R (2 copies); or

ii.  paper

c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9.  Assignment Papers (cover sheet & document(s))  
10.  37 CFR 3.73(b) Statement  Power of  
*(when there is an assignee)*  Attorney  
11.  English Translation Document (*if applicable*)  
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
 Citations  
13.  Preliminary Amendment  
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*  
15.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*  
16.  Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.  
17.  Other: Priority claimed on 60/215,605 filed 6/30/2000

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

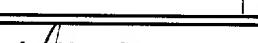
Continuation  Divisional  Continuation-in-part (CIP)  of prior application No.:

Prior application information: Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

Continuation in part (CIP) or prior application No.: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when the disclosure in the prior application is identical to the disclosure in the continuation or divisional application.

#### 12. CORRESPONDENCE ADDRESSEES

<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Insert Customer No. or attach Bar code label here		or	<input type="checkbox"/> Correspondence address below
Name	Joseph M. Sauer, Esq.				
	Jones, Day, Reavis & Pogue				
Address	North Point, 901 Lakeside Avenue				
City	Cleveland	State	OH	Zip Code	44114
Country	US	Telephone	216/586-3939	Fax	216/579-0212
Name (Print/Type)	Joseph M. Sauer		Registration No. (Attorney/Agent)	47,919	
Signature				Date	7/2/01

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$1,680.00)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Maguire
Examiner Name	
Group Art Unit	
Attorney Docket No.	555255012249

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

501432

Deposit Account Name

Jones, Day

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.272.  Payment Enclosed: Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)  
101 710  
106 320  
107 490  
108 710  
114 150

Fee Paid

710  
-  
-  
-  
-

SUBTOTAL (1) (\$710.00)

## 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	65	·20** = 45 x 18 = 810	
Independent Claims	5	·3** = 2 x 80 = 160	
Multiple Dependent		- = -	

## Large Entity Small Entity

Fee Code (\$)  
103 18 203 9  
102 80 202 40  
104 270 204 135  
109 80 209 40  
110 18 210 9

Fee Description

Claims in excess of 20  
Independent claims in excess of 3  
Multiple dependent claim, if not paid  
\*\* Reissue independent claims over original patent  
\*\* Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$970.00)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

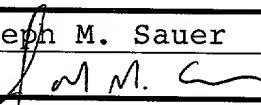
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
148 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

Complete if applicable

Name (Print/Type)	Joseph M. Sauer	Registration No. (Attorney/Agent)	47,919	Telephone	216/586-3939	
Signature					Date	7/2/01

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